7 AFTERWORD

Workman's notions of disease reflect, as much as any strictly pathological phenomena, the heroic role that he creates for the physician and for himself especially, the amount of material support that he believes such a role requires, and the inadequate institutional support for such a role in 19th-century North America and especially at the Toronto Asylum. The transition from a heroic period of building to a pessimistic period of compromise and accommodation is reflected in constructions of disease focussed on the Asylum itself. Toward the end of the nineteenth century, the Asylum has become not unlike the hereditary "diathesis" of contemporary etiological thought.[cxlvii]

Workman's language, no less monumental and (at times) obsolete, nevertheless helps us to understand one phase in the discourse of madness. Without it we probably cannot hope to understand the whole or know where we are with our own discourse. Workman does not seem to have fully appreciated where he was with his, until it became a dead end. This alone would make him instructive, worth reading. It is widely accepted that madness has been silenced from about the middle of the 17th century, but the effect of this silence on the authorities -- on the lop-sided and misshapen discourse that remained -- is still imperfectly understood. Reading Workman's texts helps us to understand what happened.

Finally, the thesis that Workman approached mental illness as an essentially physiological disorder, or that he "dismissed the long list of supposed `moral' agencies to which asylum superintendents in the early part of the nineteenth